

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009940

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

410

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph

Length of stay in 1b

11 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Missouri Methodist

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Holt

admission)

c. CITY
OR TOWN

Mounds City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
Lester Lucien Davis

4. DATE OF DEATH

Month Day Year
April 9 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/19/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer (farm etc)

10b. KIND OF BUSINESS OR INDUSTRY

unskilled labor

11. BIRTHPLACE (City and state or country)

Holt County

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Davis

13b. MOTHER'S MAIDEN NAME

Alma Wennihan

14. NAME OF HUSBAND OR WIFE

Claudia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Lester Davis Mounds City, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

pulmonary embolism

INTERVAL BETWEEN ONSET AND DEATH

1 hr

DUE TO (b)

apoplexy, skull

10 days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-31-62 to 4-9-62 and last saw him alive on 4-9-62

Death occurred at 8:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John A. Thompson MD

(Degree or title)

22b. ADDRESS

420 N 8288 St Joseph, Mo

22c. DATE SIGNED

4-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

4/11/1962

23b. DATE

Mount Hope

23c. NAME OF CEMETERY OR CREMATORY

Mounds City, Missouri

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

James H. Hunsford Mounds City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

April 10, 1962

26. REGISTRAR'S SIGNATURE

Wm. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

J.R. Forgrave, Medical Certification

DATE AMENDED

VS 300
Rev. 4/59

15-117

20440-

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9550.0

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12-0

13-1-0

APR 17 1962
MAY 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James H. Crawford*

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.